



FROM: P. FELDMAN

PHONE NO. : 3013658079

Apr. 16 2003 04:38PM P2

26/5 #2

Please type a plus sign (+) inside this box →

PTO/SB/122 (10-00)

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

**CHANGE OF
CORRESPONDENCE ADDRESS
*Application***

Address to:
Assistant Commissioner for Patents
Washington, D.C. 20231

Application Number	09/828,663
Filing Date	04/06/2001
First Named Inventor	ROBERT SUSSKIND
Group Art Unit	2615
Examiner Name	
Attorney Docket Number	

Please change the Correspondence Address for the above-identified application
to: _____

to:

Customer Number

Type Customer Number here

*Place Customer
Number Bar Code
Label here*

OR

<input checked="" type="checkbox"/> Firm or Individual Name	ROBERT A. SUSSKIND			
Address	13579 CEDAR RUN LANE			
Address				
City	OAK HILL	State	VA	ZIP 20171
Country	USA			
Telephone	703 471-5219	Fax	801 650-1395	

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the :

- Applicant/inventor. JUL 25 2003

Assignee of record of the entire interest.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

Attorney or Agent of record.

Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

Technology Center

RECEIVED

JUL 25 2003

Technology Center 2600

Typed or Printed
Name

ROBERT A. SUSSKIND

Signature

R. E. J.

Data

7/20/03

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

*Total of _____ forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20591-0000, ATTN: USPTO FORMS DIVISION, 202-707-3800, FAX 202-707-3809, E-MAIL: USPTO-FORMS@USPTO.GOV.